1000

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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HE/		DEPTY	1/		LACE OF DEATH			I	2. USUAL RESIDENCE (Where deceas	ed lived, if institut	ion: Residen	ce befare ad	mission)
. <u>v</u>	and 3 to	th of		0	Somerset		MARYLA!	ND	o. STATE Mary	rland	b. COU	Se Se	mers	et
i ay	P 2	deoth.		ŀ	CITY OR TOWN (If autside corporate limi	5,	c. LENGTH OF STAY IN I	11	c. CITY OR TOWN (If a		te limits, write RUI	RAL and give	nearest tay	wn)
de /	P Sand	after			CITY OR TOWN (If autside corporate limi write RURAL and give nearest tawn) Crisfield		2 weeks		Reho	beth			1	7-1
5	-	Deport	2	C	NAME OF HOSPITAL OR INSTITUTION (IF I	at in hospital, gi	ve street address)		d. STREET ADDRESS					RESIDENCE N A FARM?
=	es de	hours	11		Edw. W. McCread	y Memo	. Hospita	1					YES	NO X
death.	Pag	Sto 72 h	_		CCFACED.	irst	Middle		Last	4. DATE	Mont		Day	Year
p Ja		the		(Type or print) ELIZAB		ELLEN		BELL	DEATH	Nov		13	19 67
afte	8. Give	with the St within 72		S. S	or coron on mer	,	NEVER MARRIED	_ 1 5	DATE OF BIRTH		AGE (In years bst birthday) Vrs.	IF UNDER 1		JNDER 24 HRS.
UTS	Ce o	N =			emale White	WIDOWED	DIVORCED	A	ug. 22, 18			1 10 61	TOTAL OF LUIS	
ho	Item 1 Office			duri	USUAL OCCUPATION (Give kind of work dand og roost of working life, eyen if refired) Housewlie		ID OF BUSINESS OR BUSTRY		11. BIRTHPLACE (State		iuntry)	12. (11	IZEN OF WH UNTRY US	AI A
124	er's	poges in any			HOUSEWIIE FATHER'S NAME				Crisfie				0.5	43
thi	n pencil ir Exominer	0		10.		ia			Amanda Ev					
W	EXO	File		15	William H. Lew	16.50	OCIAL SECURITY NO.		FORMANT	dilb	Addre	ess		
executed	0	permit.		(Yes	, na, ar unknown) (If yes give war ar dates	of service)			ney C. Be	17.			1d.	
ээх	pending ef Medic	used as a burial-transit permit. burial, cremation, or removal,			1B. CAUSE OF DEATH (Enter only one co	use per line for (110, 0. 20	,,		,	A	L BETWEEN
9 90	pel	nsit or re					ration of	ga	stric cor	tents	3		minu	Les TH
p)	ward the Ch	I-tro			4341 DU									
shou	₹ *	burial-tronsit mation, or re			Conditions, if ony, which gave)	(b) Vasc	ular insu	ffi	ciency				5 yr	S.
This certificate should	d to 1	o b			stating the underlying cause DU									
ifice	writing	00,0			last,		estive he						7	
cert	WI	used	13	NO.	PART II. OTHER SIGNIFICANT CONDITIONS			D TO TH	IE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		PERI	S AUTOPSY FORMED?
his	be fo	to to		E S	Fractured rig		CRIBE HOW INJURY OCCU	IDDED /F	-tt	Deet I as Dee	11 -(it 10)		YES [NO X
	certificate, ould be fa es.	ge 3 should ogent, prior		CERTIFICATION	PRIMARY Tor CONTRIBUTING A CAUSE OF DEATH.							hin		
GAL EXAMINER	e certifi should files.	sho		MEDICAL	20c TIME OF INJURY Month Day Year	20d. INJ	l in hosp	e PLACE	OF INJURY (Home, farr	n. 20f.	(City or tawn)		unty)	(State)
AMI	4 4	ge 3		MED	6 P.m.Nov.12 19	While	Not While	factor	ry, street, affice bldg., etc.	C	risfiel	A C.	200	Md.
EX	age	0			21. I certify that I taak charg									my opinior
SAL	exe	IRECTOR: Podesignoted					Accident [],				ndetermined m			my opinio
	pleose directo	REC			000	7 /	2		CHIEF MEDICAL					
E.	ry, please e eral director be retained	L D			ACTUAL SIGNATURE	ante	24		M.D. ASSISTANT MEI				11/16	DATE SIGNED
Ē	ory, nerc	PRA or	2		EXAMINER'S	T	MD		DEPUTY MEDIC	AL EXAMINER	ar caunty) C			
O DEPUTY ME	necessory, property from the funeral source from the following from the fro	TO FUNERAL DIRECTOR: P Health or its designated		23~	NAME (Type) C. G. F. BURIAL, CREMATION, 23b. DATE TH	awrey,	M.D.	DV QD Z1			CATION (City or To			
10	S ÷ S	10 H	K	R1:	REMOVAL (Specify) 11/17	167	23c. NAME OF CEMEPS Rehobeth	res	xxxxxxxxx	Re	hobeth	S	(County)	(State)
		(3	70				ADDRESS			D BY REGISTR		EGISTRAR'S SI	GNATURE	
	VR A	15ME (5)	20	A.	FUNERAL DIRECTOR Watson	San	Pocomoke	Cit	y, Md -DATE	NOV	2 0 1967	you	ionla	Judas

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ges I and 2 after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in they to director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pagestrandly be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours?

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur. Page 4 may be retained by the hospital or ottending physician.

CERTIFICATE OF DEATH

1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Markland b. COUNTY Somerset						
	o. COUNTY Somerset		MARYLAND							
-	b. CITY OR TOWN (If outside corporat	io fimile	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	Ruta I Princes		C LENGTH OF SIMI IN TO		rincess Anne	TO HEOLEST TOWNS				
L					Tincess Anne	19-1				
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
0				Route #	2	YES NO				
3.	NAME OF	First	Middle	Lost	4. DATE Month	Doy Year				
	(Type or print) Cha.	rles St	ephen Bost	on Sr.	DEATH November	23 19 67				
S.	SEX 6. COLOR OR RA	ACE 7. MARRIED		B. DATE OF BIRTH	to a literal day A A and be	R 1 YEAR IF UNDER 24 HRS.				
II	aale white	WIDOWED	DIVORCED A	pril 18,1	893 74 yrs.	Dogs Hours Imin.				
100	a. USUAL OCCUPATION (Give kind of wor	k done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County		ITIZEN OF WHAT				
du	ring most of working life, even if retired	j IN	NDUSTRY	Somerset	Co., Md.	U.S.				
	FATHER'S NAME			14. MOTHER'S MAIDEN						
		on Bosto	173		th Laird					
10					Address					
	. WAS DECEASED EVER IN U.S. ARMED FO es, no, or unknown) (If yes give wor or			NFORMANT						
1			Mrs	. Irene B	oston, Princess	Anne, Md.				
	1B. CAUSE OF DEATH (Enter only	one couse per line for	(a), (b), and (c).)	2 1		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED B		Moringalle	varie A	Least diseas	ONSET AND DEATH				
	4200 DUE TO DUE TO									
	Dog 10									
	rise to immediate couse (a),									
	stoting the underlying couse DUE TO									
	last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Y 20o. ACCIDENT WAS UNDERLYING OR COMTRIBUTING CAUSE OF DEATH										
픮	20o. ACCIDENT WAS UNDERLYING	20b. Df	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Part II of item 18.)					
3	OR CONTRIBUTING CAUSE OF DEAT									
3	20c. TIME OF INJURY Month, Doy,		INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form	n. 20f. (City or town) (C	ounty) (Stote)				
MEDICAL	Hour a.m.	While	Not White focts	ory, street, office bldg., etc.		,				
-	p.m.	19 of wor		7	a Contraction	1-11-11-11				
			ided the deceased fram_	Jan.	19.51, to 1900. 23, 19	that (I) (we) last				
	saw the deceased alive	on / / g/V.	/5 196 /, and that	death accurred at						
	220. SIGNATURE	1 1/2 /	1	ATTENDING -	MFD. — STAFF — I ¬ ¬	DATE SIGNED				
/	X Vand 1	1246	M.I	D. PHYS. L	DIRECTOR PHYS. L	./25/67				
	22c. PHYSICIAN'S	7		22d. ADDRESS		10.7				
	NAME (Type) David	J.Gilmor	ce, M.d.	Medical	l Center, Salish	oury, Ma.				
73	to. BURIAL CREMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (NAG)				
F		/25/67	St. Andrew'	S	Princess Anne,					
	A. PUNERAL DIRECTOR	1	ADDRESS							
1	A. JUNEAL DIRECTOR	Theren-	Drincess	Anne NO	D BY REGISTRAR 2Sb. REGISTRAR'S	(By Judge				

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15988

CERTIFICATE OF DEATH

15980

				CERTIFICATION	- VI DEATH		-	0000			
	PLACE OF DEATH a. COUNTY	Somerset		MARYLAND	a. STATE	Where deceased lived, i	b. COUNTY		~		
	b. CITY OR TOWN	(If outside corparate limit	ls,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	utside carparate limits, v	write RURAL and giv	Vorces ve neorest town	ler)		
	write RUKAL or	id give nearest town)		1 Days		dletree			3 - 2		
1	d. NAME OF HOSPI	tal or institution (if n y Memoria	al in hospital, 1 Hos	aive street address)	d. STREET ADDRESS	OLC VICE		e. IS R ON YES	ESIDENCE A FARM?		
	NAME OF DECEASED (Type or print)		ona	Middle V.	lost Bowen	4. DATE OF DEATH	Month Nov.	Doy 7	Year		
ŀ	Agle	6. COLOR OF RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb. 14, 18	9. AGE (In 653 birt	years IF UNDER Months yrs.	Days Hou	DER 24 HR rs Min		
dur	Housewij	N (Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY	Tangier,	y & State, ar fareign count Virginia	12. C	OUNTRY?			
13.	FATHER'S NAME				14. MOTHER'S MAIDEN						
		lam R. Par				Crockett					
		ER IN U.S. ARMED FORCES? (If yes give war or dates	1	social security no. 17. 2-56-2150Mrs	INFORMANT s. Inez Bu	atler, Cr	Address isfield	Md.			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEA Solvy										
	Conditions, if ony, which gove) (h) Quite in a Classic Care of the Conditions of th										
	rise to immediate cause (a), DUE TO										
ATION											
20a. ACCIDENT WAS UNDERLYING 20b. DÉSCRIBÉ HOW INJURY OCCURRED. (Enter nature af injury in Port I or Part II af item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF IN. Hour a	IURY Month, Day, Yeor .m. 19	20d. I While at war	Not While for	ACE OF INJURY (Hame, far tory, street, affice bldg., etc		lown) (Co	ounty)	(State)		
	21. I cert saw the d	ify that (I) (this has leceased alive on_	spitol) atten	ded the deceased from		19, ta t 7 : 1 OM, fram a	auses and on t	, that (I)	(we) l		
	22a. SIGNATURE	71 7	rn 1	Peyton M		MED. STAI	FF m	DATE SIGNED			
	22c. PHYSICIAN' NAME (Type		Peyton	n, M.D.	22d. ADDRESS Crisf	ield, Mar	yland				
	BURIAL, CREMATI			23c. NAME OF CEMETERY OR Sunnyridge		23d. LOCATION (Co		(County) set, N	(State)		
3	JUNERAL DIRECT	7,	_	ADDRESS Princess As		NOV 1 4 19	25b. REGISTRAR'S	-	-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

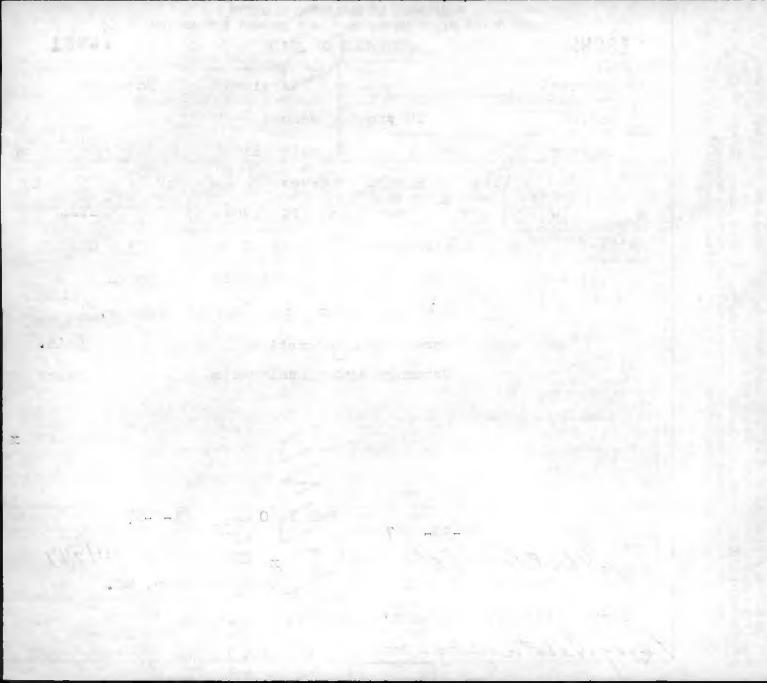
15989

CERTIFICATE OF DEATH

15981

and the	1000		CERTIFICA	L OF DEATH						
1. PLACE OF DE	omerset			2. USUAL RESIDEN	CE (Where deceased live	h COUNTY		nission)		
			MARYLAND	a SIAIF Mary	yland	Some				
b. CITY OR TO write RUR	WN (If outside corporate limited	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limi	s, write RURAL ond	give nearest tow	n)		
W	AL and give nearest town)		10 trs	Wenona	a			9/		
d. NAME OF H	OSPITAL OR INSTITUTION (If I	ot in haspit <mark>al,</mark> (give street address)	d. STREET ADDRESS			e. IS	RESIDENCE A FARM?		
A	t home			Main	Rd		YES	NOXX		
3. NAME OF	F	irst	Middle	Last	4 DATE	Month	Day	Year		
(Type or print	Will Will	lliam	Edward	Cavey	OF DEATH	Nov	5	19 67		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE			NDER 24 HRS.		
M	W	WIDOWED	DIVORCED	Dec 19	1909 57	birthday) Montl	hs Days Ha	urs Min.		
	ATION (Give kind of work done	10b. KI	ND OF BUSINESS OR		unty & State, or fareign co	untry) 12	2. CITIZEN OF WHA	IT		
luring most of wo	orking life, even if retired) . Ted.	EI	DUSTRY ectrician	Maryla	and		COUNTRY?			
13. FATHER'S NA				14. MOTHER'S MAIL			WALL BOOK			
	Clifton	C	avey	Flig	zabeth	Roac	h			
IS WAS DECEASE	ED EVER IN U.S. ARMED FORCES			. INFORMANT	Sabe on	Address	218	201		
(Yes, no, ar unkn	awn) (If yes give war ar dates	of service)			Q =			221		
7	NO		Unknown	Mrs Cora	a Cavey	Wenon				
	OF DEATH (Enter only one co . DEATH WAS CAUSED BY:		1 27 4 27					BETWEEN ND DEATH		
	420/ IMMediate cause (a) Myocardial Interction									
DUE (O										
Conditions, if any, which gave (b) Coronary arteriosclerosis								rs		
stating the underlying cause DUE TO										
last, (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (I.E. ETTER DUTING CAUSE OF DEATH (I.E. ETTER DUTING CAUSE OF DEATH										
5 200 ACCIDEN	IT WAS UNDERLYING	1 206 DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injur	v in Part I as Part II of	dom 19 \	YES	NO S		
OR CONTRIB	UTING CAUSE OF DEATH	200. 02	SCRIDE HOVY HYJURT UCCURRE	D. (cinei naibre di nijur	y III raii i al ran ii al	Jeili to.)				
	OTIFY MEDICAL EXAMINER)									
20c. TIME O	F INJURY Month, Day, Year or a.m.		VJURY OCCURRED 20e. I	LACE OF INJURY (Home,		ar tawn)	(Caunty)	(State)		
Ĕ	Hour a.m. p.m. 19 While at work at									
21. 1	21. I certify that (I) (this haspital) attended the deceased fram Feb 1.960 19 , to 11-5-67, 19 , that (I) (we) la									
saw th	ne decessed alive on_	7.0-	20-19 67, ond th	not death occurred	at 11 AM, from	n couses and a	n the date sto	ated obav		
220. SIGNA		. 1 /	- 11	W		226	DATE SIGNED			
	Alklast	1241	TTICON	M.D. PHYS.	DIRECTOR	STAFF PHYS.	11/7/6	7		
22c. PHYS	HAN'S CLASSIC	100	The state of the s	22d. ADDRESS				-		
MAME	(Type) Evere	tt Sut	terMD	D	ames Quar	ter, Md	1.			
23a. BURIAL, CRE	MATION, 236. DATE TO	IFREOF	23c. NAME OF CEMETERY O	P CREMATORY	23d 10CATION	l (City ar Tawn)	(County)	(State)		
REMOVALE	redyal 11/7/		t Paul's C		Wenons		Som	MD		
24 SUNERAL DI	1		ADDRESS		REC'D BY REGISTRAR	2Sb. REGISTRAI		LID		
DA PO	11/1/1	Dain	cess Anne M					4. 6.		
-UVU	7 10 200/1	7 4 7 7 7 1	ocoo wille M	I DATE	NOV 1 0 191	N VILLE	ante la			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filted in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 heurs after Page 4 may be retained by the hospital or attending physician. VR A15 (4) BB

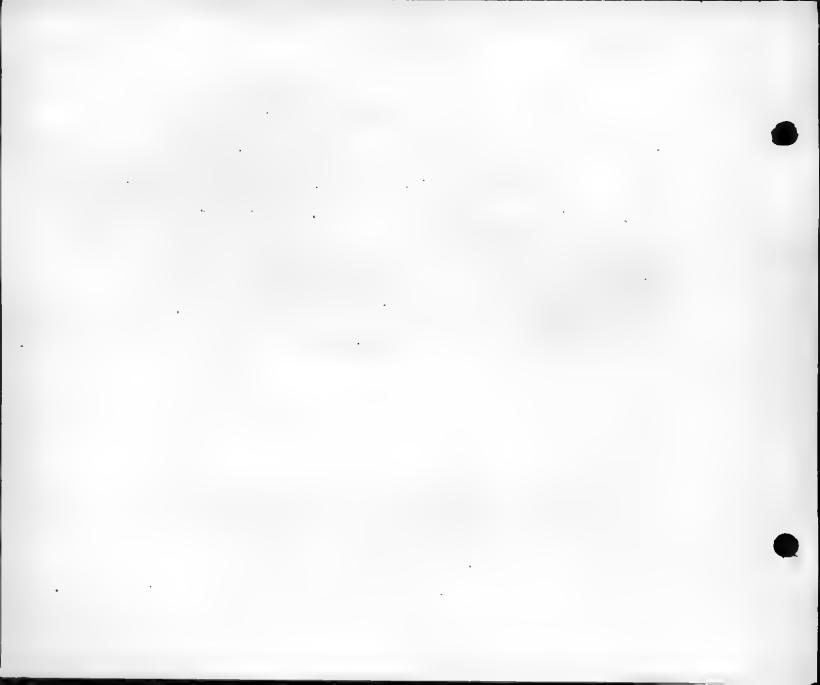


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	Quixini (q)	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH Somerset	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	Somers odmission)
RURAL ond give negrect lawn) - (c. 2 1/07) Sall On	LENGTH OF STAY IN 16	Marion	Stallon	(RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	Iress)	Rt. 1 Box	303	e. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) Frances	Middle	Miles	4. DATE OF MONITOR OF DEATH	1 112 11
5. SEX Male / COLOR OF RACE 7. MARRIED	DIVORCED	8. DATE OF BIRTH 18	78 lost birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
100. USUAL OCCUPATION (Give hild of work done 10b. KIN during most of working life, even if refused) Seafood Von Ken	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE ISION	foreign county	12. CITIZEN OF WHAT COUNTS
13. FATHERS/NAME /TEVM Ward		Ellen &	Teward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or shapemn) (If yes, give wor or dates of service) 2/7	17. 1-01-8891	rs. Minnie	Ward-Ma	rion Station, 1
18. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	tor (0). (b). and (c).]	react-		INTERVAL BETWEEN ONSET AND DEATH Months
Conditions, if any, which) (b) Che	ionie Myre	anditi - Ch	inie dut. he	while years
gove rise to immediate couse (a), stoting the <u>under-lying couse lost.</u> DUE TO (c) (c)	reval Cert	erivselius	ii-	7
PART II. OTHER SIGNIFICANT CONDITIONS CON	Debilit	9		EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES □ NO □
206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR EDITOR OF DEA	V	(Enter nature of injury in Pa		
Zoc. TIME OF INJURY Month, Day, Year Hour a.m. 19 While at work	Not white	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or lown)	(County) (State
21. I certify that I attended the deceased alive on Proc 16 - 19 6	-			that I last saw the deceas
SIGNATURE & sorry & 6 6 acc	elvom no		DORESS (Street, city or town, s	
PHYSICIAN'S GEORBE C. C	COULBOURI		StATION -	Md V1838
BUT1321 1/19/67 1	Family C	emetery !	MONION STE	. Som. MH
23. FUNERAL GIRECTOR'S SIGNATURE	Marion St	Md DATE N	0V 2 1 1967	TRAR'S SIGNATURE

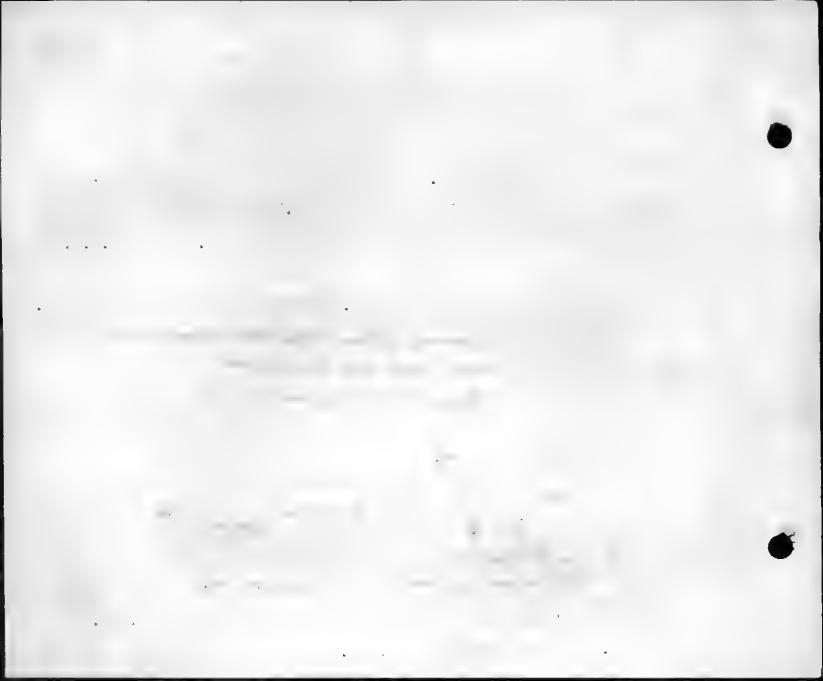
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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	7 2 2 2 3 2 3 4
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
SOMERSET MARYLAND	MARYLAND SOMERSET
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
FAIRMOUNT 85 YEARS	FAIRMOUNT
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
3. NAME OF First Middle	VES NOTE Month Day Year
(Type or print) FLOSSIE P. RIC	CHARDS DEATH NOV.8 1967
The state of the s	B. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AT HOME	FAIRMOUNT, MD. U.S.A.
	ELIZABETH HEWITT
JAMES HEWITT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) MR	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	on arters seles of cut Die & HAND DEATH
IMMEDIATE CAUSE (a)	torres to the second
Conditions, if any, which) DUE TO Clause Days Curst	a Clave Det capala
Rava 1129 to Idillicitate (
	Schrad
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI facto at work p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from Pa	20 Jan 19 to 11 8 (8/19 C7, that (1) (we) last
saw the deceased alive on 77 To 19 4 7, and that	t death occurred at 6 30 M, from the causes and on the date stated above.
Genega & Boulbon M.D	ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)) 72 0 m 92 C. Cou Cock 2	Marion ma
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 11/12/1967 FAIRMOUNT	CEMETERY FAIRMOUNT. MD. (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE
LEVIN R. WILSON PRINCESS ANNE. MD	· DATENOV 1 3 1967 Attentes forties



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o STATE b. COUNTY b. CIY OR TOWN Ilf outside corporate c LENGTH OF STAY IN 16 c CITY OR TOWN outside corporate mits, write RJRAL and give nearest town Debartm after 15 FIELL SFIE S RESIDENCE ON A FARM? d STREET_ADDRESS d NAME OF HOSPITAL OR NSTITUTION (If not, in hospital, a ve street address) hours alang with-team State I NO Z YES 3 NAME OF Midd e 4 DATE Month Doy Year DECEASED OF with the 19 (Type or print) DEATH With 5 SEX DATE OF BIRTH 9. AGE (n veors IF UNDER 1 YEAR IF UNDER 24 FR 6 COLOR OR RACE NEVER MARRIED buthday) Months Dovs HOLIS DIVORCED Office event and 12. C TIZEN OF WHAT **COUNTRY?** during most of working life, even if retired) INDUSTRY ∆UD HOUSE WIF Chief Medical Examiner's pages 13 FATHERS NAME e executed within pencil Ε File OUTHE i. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT permit (Yes, no orunknown) (I fives a ve wor or dates of service) ar remaval. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY SHOCK EMDRRHAGE IMMEDIATE CAUSE 10 certificate should crematian, DUE TO FRACTURES Y INTERAL INJINI Conditions, if any, which gove rise to 'mmediate couse (a), farwarded ta DUF TO stoting the underlying couse ø lost. 90 burial, nsed 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X þe its designated agent, priar to 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Port II of Item 18.) ъ PRIMAR OF CONTRIBUTING CAUSE OF DEATH shaufd shaul VIOLENTLY CAl 2Dc TIME OF My JRY Month, Doy, Year 2De PLACE OF INJURY (Home, form, 2Dd INJURY OCCURRED (City or fown) ((founty) (Stote) Hour o.m. foctory, street, office bidg., etc.) While Not While may be retained far yaur FUNERAL DIRECTOR: Page CRISTIELD SCHERSUT of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection > and in my apinion the funeral director. death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED CRISTIE ASSISTANT MED CAL EXAMINER **SIGNATURE** O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF NAME OF COMETERY OR CREMATORY BUR AL CREMATION 23c 23d. LOCATION (City or Town) (County) (Stote) 0 5 BUCIA L rsourd 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES 2So REC'D BY REGISTRAR VR A15ME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15986

	7000	4	CERTIFICATE	OF DEATH						
	PLACE OF DEATH			- CTATE	nere deceosed lived, if institut	HTV -				
		Somerset	MARYLAND	Mar	yland	So.	merset			
	b. CITY OR TOWN (If	outside corporate limits,	c. LENGTH OF STAY IN 16		ide corporote limits, write RU	RAL and give nea	rest town)			
	Cris	give nearest town) I101d	24 Days	Cr:	isfield		19-1			
1	d. NAME OF HOSPITA	L OR INSTITUTION (If not in I	haspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
N	Cready	Memorial 1	Hospital	20 Ma:	ryl and Aver	nue	YES NO NO			
	NAME OF	First	Middle		4. DATE Mon	th D	loy Year			
	DECEASED (Type or print)	Bessi	Le W.	Todd	DEATH NOV.	23	19 67			
S.	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR				
T	Temale	White	IDOWED A DIVORCED	April 4, 188	9 lost birthdoy) 78 yrs.	Months Doy	s Hours Min.			
00	USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN				
duri	ing most of working li Housew:	te even if retired)	At Home	Holland's	Island, Md.	U.S.A				
_	FATHER'S NAME			14. MOTHER'S MAIDEN NA		0 0 0 0 0 0 0 11				
		William	W. Parks							
IS.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess				
(Ye	es no, or unknown)	IN U.S. ARMED FORCES? (If yes give wor or dates of serv	214-32-7449 Mi	sa Hilda Tod	d, same as 2	abed ah	OVA			
		ATH (Enter only one couse pe		200			INTERVAL BETWEEN			
		H WAS CAUSED BY:	Cardiae In	Jarction	(mingred	-	DISET AND DEATH			
	4201 IMMEDIATE CAUSE (0) Carediale Francisco									
Conditions if any which cause										
rise to immediate couse (o),										
stoting the underlying couse (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	la di	The state of the s	The second secon	The second second	and an analysis of all		PERFORMED?			
F	20o. ACCIDENT WAS	IINDERIYING [7]	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter notice of injury in Po	ort Lor Port (Lof item 18.)					
ER	OR CONTRIBUTING	CAUSE OF DEATH	AND VESTIGIE HOST STEWARD.	terral motore of tident at to	or round or teem ro.)					
	(IF EITHER, NOTIFY A	RY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)			
MEDICAL	Hour 'o.m		While Not While for	tory, street, office bldg., etc.)	Zoi. (city of town)	(country)	(31010)			
100	p.m		of work of work	10		10	.1 . 715 7 3 1			
	21. I certify that (I) (this hospital) attended the deceased from, 19, 19, 19, that (I) (we) la sow the deceased olive on, 13, ond that death occurred at, 19									
		ceosed olive on 11	723/67 19, ond tho	it deally accoured of _	IM, ITOITI COUSES					
	220. SIGNATURE S. VY. Parter M.D. ATTENDING MED. STAFF DIRECTOR D									
	22c. PHYSICIAN'S NAME (Type)	S. M. Pey	ton m M.D.	22d. ADDRESS Crisf	ield, Mary	Land				
230	. BURIAL, CREMATIO				23d. LOCATION (City or To		nty) (Stote)			
	BUT B (Specify)		967 Sunnyridge (Cemetery	Crisfield,					
24			ns - Crisfield, M			EGISTRAR'S SIGNA	TURE			
	1	radsnaw & So	ns - Urisileld, M	DATA! OV	27 1967 0	Charles	0 500			
				DMINI S 4 44		- WANTED	Vanda Carlo			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. agges 1 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

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ID HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15995

CERTIFICATE OF DEATH

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset			
		Somerset	MARYLAND	Mary	Land		
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16		ide corporate limits, write RURAL and	give nearest town)	
		write RURAL and give negrest town) Crisfield	1 Day	Me	rion Station	19-1	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	The state of the s	d. STREET ADDRESS	2 - 200	e. IS RESIDENCE ON A FARM?	
17	-	McCready Memorial Hos		RT #	1 Box 303	YES NO	
		NAME OF First DECEASED Type or print) Willie	Middle C	War d	4. DATE Month OF NOV.	27 Year 19 67	
	S. :	T. Market		DATE OF BIRTH 10/10/1893	9. AGE (In years IF UN lost, birthdoy) Mont	DER I YEAR IF UNDER 24 HR hs Doys Hours Min	
		ale Negro WIDOWED	Oltrances		74 yrs.		
	duri	ag most of workingslife, even irretired V	ND OF BUSINESS OR DUSTRY	Marion Sta	State, or foreign country) Sown Co.	2. CITIZEN OF WHAT COUNTRY?	
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA			
	3	loshua Wizial		MYMINA	(Unknoxm)		
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service)	LO3-7597 MY	Simile \	Nard-Marion	Stz, 11/218.	
		18. CAUSE OF DEATH (Enter only one couse per line for	(e), (b), ond (c).)	- 1		INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Will	ma aluk	Jul 7 Hul		1 4ubs	
		7 ++1 DUE TO	101.01	A / 0	2	4.	
		Conditions, if ony, which gove rise to immediate couse (a),	est out wither	so Chima	Mysolly	bes	
		storing the underlying couse (c) Lern	usl Orlo	Florina			
-	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?	
3	CATIC	General	Seletity			YES NO [
	CERTIFICATION		CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Po	ort I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. IN White of work	Not While I factor	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (Citγ or town)	(County) (Stote)	
		21. I certify that (I) (this haspital) attends saw the deceased alive an	ed the secensed from C	death accurred at_		19€t p at (I) (we) I n the date stated aba	
		220. SIGNATURE Daulbrun	m D M.C	PHYS. XC D	NED. STAFF 22h	D. DATE SIGNED	
1		PHYSICIAN 9 NAME (Type) G. C. Coulbo	urn, MD.	22d. ADDRESS	Crisfield, Md	i.	
0	1	BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THERFOF	23c. NAME OF COMETERY OR	SACRET VIST	Marion Star, M	16.21838 (Store)	
IV.							

TREEL - CONTRACTOR OF THE PARTY OF THE PARTY. The state of the s i out to the term of the term The state of the s (months) = thirties Johns Ward It to the differential the track · Bu sharper on the state of th The at Javille MENT TO MENT TO SELECT THE SECOND SECOND SECOND SAME